



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/870,302
Filing Date	May 29, 2001
First Named Inventor	Raciborski, Nathan F.
Art Unit	2153
Examiner Name	Parton, Kevin S.
Attorney Docket Number	019396-000510US

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Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP
	Melissa A. Haapala Reg. No. 47,622
Signature	<i>Melissa A. Haapala</i>
Date	September 15, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nina L. McNeill		
Signature	<i>Nina L. McNeill</i>	Date	September 15, 2004

**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 196**Complete if Known**

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METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	20-1430		
Deposit Account Name	Townsend and Townsend and Crew LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 20 -19* = 0		Extra Claims	Fee from below
Independent Claims 4 -3* = 1			
Multiple Dependent			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$)86
**or number previously paid, if greater; For Reissues, see above			

FEE CALCULATION (continued)				
3. ADDITIONAL FEES				
Large	Entity	Small	Entity	Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath		
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.		
1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	For filing a request for reexamination		
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	Extension for reply within first month	110	
1252 420	2252 210	Extension for reply within second month		
1253 950	2253 475	Extension for reply within third month		
1254 1,480	2254 740	Extension for reply within fourth month		
1255 2,010	2255 1,005	Extension for reply within fifth month		
1401 330	2401 165	Notice of Appeal		
1402 330	2402 165	Filing a brief in support of an appeal		
1403 290	2403 145	Request for oral hearing		
1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	Petition to revive - unavoidable		
1453 1,330	2453 665	Petition to revive - unintentional		
1501 1,330	2501 665	Utility issue fee (or reissue)		
1502 480	2502 240	Design issue fee		
1503 640	2503 320	Plant issue fee		
1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	Petitions related to provisional applications		
1806 180	1806 180	Submission of Information Disclosure Stmt		
8021 40	8021 40	Recording each patent assignment per property (times number of properties)		
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))		
1801 770	2801 385	Request for Continued Examination (RCE)		
1802 900	1802 900	Request for expedited examination of a design application		
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid SUBTOTAL (3)				(\$)110

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Melissa A. Haapala	Registration No. (Attorney/Agent)	47,622	Telephone
Signature			Date	September 15, 2004

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